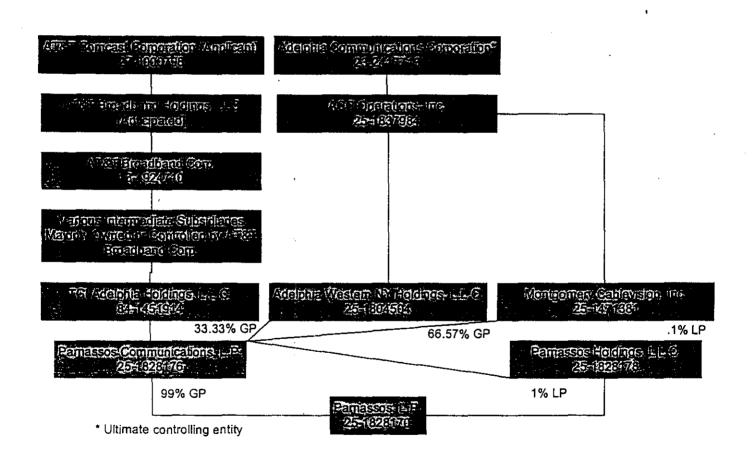
#### **EXHIBIT A-5**

#### Schedule A, Item 4

Section 78.13(a) of the Commission's rules states that an owner or operator of a cable television system is eligible to hold a Cable Television Relay Station ("CARS") license. The current licensee uses the subject CARS facilities in connection with its cable television operations, and it will continue to do so following completion of this transaction.

This transaction involves only the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T's interest in the licensee and does not affect the licensee's eligibility or operation of the cable system serviced by the subject CARS facilities. In addition, the consummation of this transaction will not create any cross-ownership interests prohibited under part 76 of the Commission's rules.

# Exhibit B-4 & B-5 Ownership Structure After Transfer of Control



#### **EXHIBIT B-6**

#### Schedule B, Section II

#### ATTACHED

# A COMPLETE COPY OF THE PUBLIC INTEREST STATEMENT IS AVAILABLE IN THE FCC REFERENCE ROOM

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(14) STREET ADDRESS LINE 1500 Market Street							
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FEDERAL COMMUNICATIONS

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COLE, RAYWID & BRAVERMAN, L.L.P.

1919 PENNSYLVANIA AVE. N.W. WASHINGTON, DC 20006-3458

BANK OF AMERICA 02992 DC 15-120-540 CHECK NO. 74454

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TO THE ORDER OF

FEDERAL COMMUNICATIONS

COMMISSION

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FEDERAL COMMUNICATIONS COLE, RAYWID & BRAVERMAN, L.L.P.

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#### COLE, RAYWID & BRAVERMAN, L.L.P.

STEVEN J. HORVITZ WRITER'S E-MAIL SHORVITZ@CRBLAW.COM

ATTORNEYS AT LAW 1919 PENNSYLVANIA AVENUE, N.W., SUITE 200 WASHINGTON, D.C. 20006-3458 TELEPHONE (202) 659-9750 FAX (202) 452-0067 WWW.CRBLAW.COM

LOS ANGELES OFFICE 238 | ROSECRANS AVENUE, SUITE IIO EL SEGUNDO, CALIFORNIA 90245-4290 TELEPHONE (310) 643-7999 FAX (310) 643-7997

FOUMBLEM

FEB 28 2002

February 28, 2002

#### VIA COURIER

Federal Communications Commission Cable Services Bureau P.O. Box 358205 Pittsburgh, PA 15251-5205

Attn: Gloria Conway, Cable Services Bureau

Re: **AT&T Comcast Corporation** 

Application for Transfer of AT&T Corp.'s Interest in

Western NY Cablevision's CARS Licenses

#### Ladies and Gentlemen:

Enclosed please find FCC Form 327 requesting the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T Corp.'s interest in Western NY Cablevision LP, licensee of the facilities on the attached list. Also enclosed is FCC Form 159 and a check for \$210.00 for the required filing fee.

If there are any questions regarding this application, please contact Westley Littlejohn or the undersigned.

Enclosures

Federal Communications Commission February 28, 2002 Page 2

Western NY Cablevision, LP (FRN #0004-07-6709)

<u>Call Sign</u> <u>Location</u> WGT-752 <u>Buffalo, NY</u> Expiration Date 02/01/2003

### FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

#### APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

		SUM	DULE A		Page 1 of _4
1.(a) Application for:	License		Renewal	······································	Assignment of License
(Check only one box)	Modification		Reinstatem	nent	X Transfer of Control
					Amendment of Application
(b) Does this application re	efer to an existing stat	ion?	X YES	NO If "	YES," give call sign See Ex. A
(c) If this application is for as Exhibit A-1 a complete	a modification of a lic lete explanation of the	ensed station	on, check the b	ox(es) for the a	ppropriate description(s). Attack
Add Channel(s)	Change Transmit Site	е 🗌	Add Receive S	Site(s)	Change Antenna System
Delete Channel(s)	Change Operating Po	ower 🗌	Delete Receiv	e Site(s) [	Change Height of Antenna Structure
Change Transmitter			Change Recei	ve Site(s)	Change Height of Antenna
Other (Specify)					·
2.(a) Indicate the name, mailing ad	Idress, and telephone number	r of the applica	nt.		
LEGAL NAME OF APPLICANT	(If person, list last name first)				
AT&T Comcast Corp		<del></del>			· ·
				·	
ASSUMED NAME USED FOR D	OOING BUSINESS (If any)				,
MAILING STREET ADDRESS C 1500 Market Street	R P.O. BOX	<del></del>			
CITY		STATE	ZIP CODE	AREA CODE	TELEPHONE NO.
<u>Philadelphia</u>		PA	19102	215	665-1700
(b) Indicate Internal Revenue Se If the applicant has no E.I. Nu			sed by the applican	t. [	E.L NO. (OR SOC. SEC. NO.) 27-0000798
(c) Indicate the name, mailing ad	ddress, and telephone numbe	r of person to c	ontact, if other than	applicant.	
NAME OF CONTACT PERSON	(Last name first.)	· · · · · · · · · · · · · · · · · · ·			
Thomas R. Nathan, I		3			
CONTINUE NAME HERE IF NE	.EDED				
FIRM OR COMPANY NAME			·····		-
AT&T Comcast Corp			- <del></del>	<del></del>	
MAILING STREET ADDRESS C 1500 Market Street	)R P.O. BOX				
CITY	<del></del>	STATE	ZIP CODE	AREA CODE	TELEPHONE NO.
Philadelphia		PA	19102	215	981-7535
Attach as Exhibit A-2 the nan if any.	ne, mailing address, and telep	ohone number o	of each additional pe	erson who should be	contacted,
(d) Indicate the address where the	ne station's records will be ma	aintained.			
On File - No Change		·	<del></del>		
CITY		STATE	ZIP CODE		<del></del>
			== 3322	Į.	{

Page 2 of		
	YES	NO
3.(a) Will the applicant provide program material to cable television systems other than those which the applicant owns or operates?		
Record on File		
If "YES," attach as Exhibit A-3 a copy of a written contract specifying that service will be provided on a non-profit, cost-sharing basis; or a copy of a written statement specifying that service will be provided without charge.		
(b) Will the applicant control the station equipment?	X	
(c) Will the applicant have unlimited access to the equipment?	X	
(d) Will effective measures be taken to prevent use of the equipment by unauthorized persons?  (e) Has the applicant or any controlling party to this application had any FCC station license, permit, or authorization	X	
(e) This was applicant to any controlling party to this application had any need seation health, permit, or authorization revolved?		X
If "YES," attach as Exhibit A-4 a statement identifying the license, permit, or authorization revoked and the circumstances relevant to the revocation.		^
4. Attach as Exhibit A-5 a statement showing that the applicant is eligible, pursuant to Part 78 of the Rules, to be a licensee.	:	
5. Attach as Exhibit A-6 a map or drawing of appropriate detail showing the complete proposed relay system including points	•	-
of interconnection, if any, with other cable television relay stations, common carrier stations, and/or other stations. The map or drawing should show the following:		]
(a) Direction of true north:		
(b) Location of transmitting site(s), the tocation of any intermediate relay station(s), passive repeater(s), and terminal receiving point(s);		
(c) Call sign(s) and licensee(s) of any station(s) to which applicant's proposed station will be interconnected;		
(d) Every path number for the station for which this application is filed.		_
6. For a new station, new receive site, or change in eximuth, transmit antenna, power (increase only), or frequency of an existing station, attach as Exhibit A-7 a statement or showing detailing the results of a frequency coordination study performed pursuant to Section 78.36 of the FCC Rules by a technically qualified person or entity (e.g. local coordinating committees, frequency engineering firms, etc.).		
7. Is the applicant, or any of its partners, mambers, or owners, a foreign government or the representative thereof?		X
CERTIFICATION	rrestariat	
All the statements made in the application and attached exhibits are considered material representations, and all the exhibits are a part hereof and are incorporated herein as if set out in full in the application.	(1616 G)	
The applicant certifies that he has a current copy of the Commission's Rules governing the Cable Television Relay Service (CARS		
The applicant waives any claim to the use of any particular frequency as against the regulatory power of the United States because previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.	s of the	
I CERTIFY that the statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.  SIGNATURE  SIGNATURE	DATE 2/2	2
WILLFUL FALSE STATEMENTS MADE ON PRINT FULL NAME  THIS FORM ARE PUNISHABLE BY FINE  AND IMPRISON THE STATEMENTS MADE ON PRINT FULL NAME	<u>. J</u>	
AND IMPRISONMENT, U.S. CODE, TITLE 18, SECTION 1001. Arthur R. Block		
(Check appropriate classification)		
	FFICIAL OF APPL OVERNMENTAL I	

#### APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION

SCHEDULE B. Control and Ownership Information (The information submitted in this schedule should enable the Commission to identify all entities which either directly or indirectly control the applicant.)

#### SECTION I. Control and Ownership

LEGAL NAME (If person, list last name first)

1. The following information must be provided for the applicant; for each member or partner, if the applicant is an unincorporated association or partnership; and for each cable television owner or operator, if the applicant is a cooperative enterprise wholly owned by cable television owners or operators. Indicate the legal name; the type of entity (1 = Individual, 2 = Partnership, 3 = Corporation, 4 = Unincorporated Association, or 5 = Governmental Entity); and the Internal Revenue Service Employer Identification (E.I.) Number used by the entity (if the entity has no E.I. Number, use Social Security Number). If the entity is a nongovernmental corporation, indicate the state under whose laws the corporation is organized.

CONTINUE NAME HERE IF NEEDED	ENTITY	<b>&gt;</b>	3	E.I. NO. (or Soc. Sec. No.) 27-0000798	STATE OF INCORPO- RATION	<b>&gt;</b>	PA	
Indicate applicant's members; partners; or owners (if a cooperative ente	rprise).				1.00		<u> </u>	,
LEGAL NAME (# person, list last name first)				1				
CONTINUE NAME HERE IF NEEDED	ENTITY	<b>&gt;</b>		E.i. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	<b>&gt;</b>		
LEGAL NAME (W person, list last name first)								
CONTINUE NAME HERE IF NEEDED	ENTITY	<b>&gt;</b>		E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	<b>&gt;</b>		
LEGAL NAME (If person, list last name first)								
CONTINUE NAME HERE IF NEEDED	ENTITY	<b>&gt;</b>	Π	E.I. NO. (or Soc. Sec. No.)	STATE OF INCORPO- RATION	<b>&gt;</b>		
/Modditional come is considered attack on Euclidean Astachastic for				<b>\</b>				
(if additional space is needed, attach as Exhibit B-1 the requested inform	nation in the same forma	at as	above. ———	)			VES	·
							YES	
Is the applicant a cooperative enterprise wholly owned	by cable television	) ow	ners	or operators?			YES	
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in	by cable television dicating all entities	ow s wh	ners	or operators? ither directly or			YES	
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in indirectly control the applicant?	by cable television dicating all entities ered.	ow wh	ners ich e	or operators? ither directly or			YES	<b>X</b>
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in indirectly control the applicant?  If "YES," no further items in this section need be answered that the applicant is an unincorporated association or part or partners filed FCC Form(s) 325 indicating all entities	by cable television dicating all entities ered.	ow who	ners N/A	or operators? ither directly or			YES	
Is the applicant a cooperative enterprise wholly owned Has the above-named applicant filed FCC Form 325 in indirectly control the applicant?  If "YES," no further items in this section need be answered that the applicant is an unincorporated association or part or partners filed FCC Form(s) 325 indicating all entities	by cable television dicating all entities ered.	ow who	ners ich e	or operators? ither directly or			YES	

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5 It the answer to item 2 is "YES," have the controlling owners or operators of the cooperative enterprise tide FCC Form(s) 325 indicating all entities which either directly or indirectly control such controlling owners or operators?

YES NO

NΑ

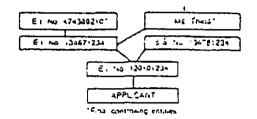
If "YES" attach as Exhibit B-3 a statement explaining which owners or operators control the applicant, no further items in this section need be answered.

6. If the applicant does not answer "YES" to item 3, 4, or 5

Attach as Exhibit 8-4 the information requested of the applicant in item one for each entity which either directly or indirectly controls the applicant. In addition, attach as Exhibit 8-5 a detailed diagram of the "family free" showing the direct or indirect control of the applicant, to and including the final controlling entity or entities should be specifically identified

#### EXAMPLE

It the applicant is controlled by Parinership Alpha (E.I. No. 120101234) which in turn is controlled by Corporation Beta (E.f. No. 134671234) and by Mr. Dee (who has no E.I. No., but Social Security No. 134781234) and finally Mr. Cay (E.I. No. 474389210) and Ms. Theis (who has no E.I. No. and has elected not to provide her Social Security No.) control Corporation Beta, the diagram would be depicted as shown on the right.



NOTE: Use the word "applicant," not the applicant's name. For controlling entities, use the E1 No. It they have no E1 no., use Social Security No. Use controlling entities name only it no E1 no. or Social Security No. is given letter molicate the final controlling entities.

SECTION II Assignment of Authorization or Transfer of Control

Indicate the name, mailing address, and telephone number of the licensee

Western NY Cablevision, L.P.				·
CONTINUE HAME HERE IF MEEDED				
ASSUMED MANE USED FOR DOING BUSMESS OF MANY		<u></u>		
1 North Main Street		·	····	
· · · · · · · · · · · · · · · · · · ·	STATE	2,0 €	~REA COOE	TELEP-ONE NO

Commission authorization is hereby requested for: (Check only one box)

Transer or control of CARS scanser (pro forma)

Attached as Exhibit 8-6 is a statement describing the proposed assignment or transfer of control. The assignment or transfer of control shall not be completed or become effective until authorization has been issued by the Commission

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE & IMPRISON-MENT US CODE TITLE 18 SECTION 1001

PRINT FULL NAME
Rardall D. Fisher

(Check appropriate classification,)

Carparation

Oncer al Aparcani

Onicial of applicant Governmental Entity

#### **EXHIBIT A-1** Western NY Cablevision, LP (FRN #0004-07-6709)

Call Sign WGT-752

<u>Location</u> Buffalo, NY

Expiration Date 02/01/2003

#### **EXHIBIT A-2**

#### Schedule A, Item 2(c)

In addition to the contact person shown in response to item 2(c) on Page 1, copies of the correspondence and records relating to the CARS facilities on Exhibit A-1 should be directed to:

A. Renee Callahan Lawler Metzger & Milkman, LLC 1909 K Street, NW Suite 820 Washington, DC 20006 (202) 777-7700

Betsy J. Brady AT&T 1120 20<sup>th</sup> Street, N.W. Suite 1000 Washington, D.C. 20036 (202) 457-3810

Steven J. Horvitz Cole, Raywid & Braverman, LLP 1919 Pennsylvania Avenue, N.W. Suite 200 Washington, DC 20006 (202) 659-9750

Jalyn Tezik
Adelphia Communications Corporation
1 North Main Street
Coudersport, PA 16915
(814) 274-6426

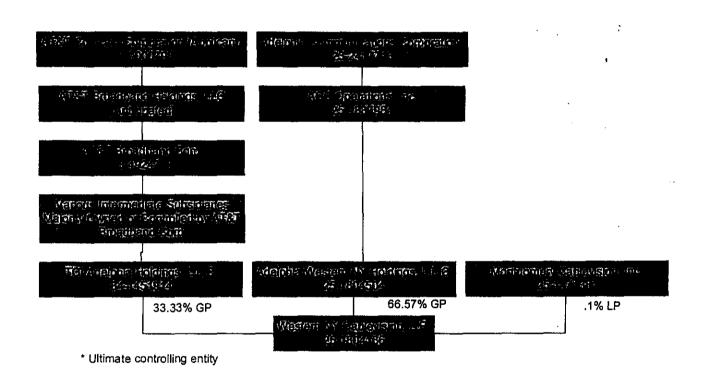
#### **EXHIBIT A-5**

#### Schedule A, Item 4

Section 78.13(a) of the Commission's rules states that an owner or operator of a cable television system is eligible to hold a Cable Television Relay Station ("CARS") license. The current licensee uses the subject CARS facilities in connection with its cable television operations, and it will continue to do so following completion of this transaction.

This transaction involves only the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T's interest in the licensee and does not affect the licensee's eligibility or operation of the cable system serviced by the subject CARS facilities. In addition, the consummation of this transaction will not create any cross-ownership interests prohibited under part 76 of the Commission's rules.

# Exhibit B-4 & B-5 Ownership Structure After Transfer of Control



#### **EXHIBIT B-6**

#### Schedule B, Section II

#### ATTACHED

# A COMPLETE COPY OF THE PUBLIC INTEREST STATEMENT IS AVAILABLE IN THE FCC REFERENCE ROOM

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING				·	Approved by OMB
BEFORE PROCEEDING	FEDERAL	COMMUNICATIONS	COMMISSION		3060-0589
	RE	EMITTANCE AD	VICE		Page No _1_ of _1_
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358205	SECTI	ON A - PAYER INFO	RMATION		
(2) PAYER NAME (if paying by credit card, e	enter name exactly as it		MATION	(3) TOTAL	AMOUNT PAID (U.S. Dollars and
Cole, Raywid & Braverman	, LLP			\$210.00	
(4) STREET ADDRESS LINE NO. 1 1919 Pennsylvania Avenue	. N.W.				
(5) STREET ADDRESS LINE NO. 2	,		<del>/</del>		
Suite 200 (6) CITY			<del> </del>	La anam	(
Washington				(7) STATE	(8) ZIP CODE 20006 -
(9) DAYTIME TELEPHONE NUMBER (inc. <b>202-659-9750</b>		(10) COUNTRY CODE			
	ON NUMBER (FR	N) AND TAX IDENT	IFICATION N	UMBER (TIN) R	EQUIRED
(11) PAYER (FRN) 0003-7879-42		(12) PAYER (TIN) 52-0820071			•
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	HAN ONE APPLI	CANT, USE CONTIN	UATION SHE	ETS (FORM 159	-C)
(13) APPLICANT NAME AT&T Comcast Corporatio	n				·
(14) STREET ADDRESS LINE NO. 1				•	<del></del>
1500 Market Street (15) STREET ADDRESS LINE NO. 2			<del></del>		
(13) STREET ADDRESS LINE NO. 2					
(16) CITY Philadelphia				(17) STATE PA	(18) ZIP CODE 19102 -
(19) DAYTIME TELEPHONE NUMBER (inc	clude area code)	(20) COUNTRY CODE	if not in U.S.A.)		
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(23B) CALL SIGN/OTHER ID		(24B) PAYMENT T	PE CODE	(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	3	FCC USE ON	NLY	
(28B) FCC CODE 1	(29B) FCC CC	DDE 2		···	
	SEC	CTION D - CERTIFIC	ATION		
(30) CERTIFICATION STATEMENT I, Westley Kay Littlejohn		, certify under penalty	of perjury that the	foregoing and suppor	ting information is true and correct to
the best of my knowledge, information and belief		URE Worklyke			2-28-2002
		EDIT CARD PAYMI	INT INFORMA	ATION	
(31) MASTERCARI	D/VISA ACCOUNT N	UMBER:			EXPIRATION
MASTERCARD MASTERCARD					
VISA I hereby authorize the F	CC to charge my VI	SA or MASTERCARD	for the service(s	s)/authorization he	rein described.
SIGNATURE				DATE	

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#### OLE, RAYWID & BRAVERMAN, L.L.P.

VENDOR

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COLE, RAYWID & BRAVERMAN, L.L.P.

1919 PENNSYLVANIA AVE. N.W. WASHINGTON, DC 20006-3458 BANK OF AMERICA 02992 DC 15-120-540 CHECK NO. 74456

CHECK DATE

VENDOR NO.

02/28/2002

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Two hundred ten and NO/100

CHECK AMOUNT

TO THE ORDER OF

FEDERAL COMMUNICATIONS

COMMISSION

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COLE, RAYWID & BRAVERMAN, L.L.P.

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02/27/2002

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#### COLE, RAYWID & BRAVERMAN, L.L.P.

STAMP AND RETURN

STEVEN J. HORVITZ
WRITER'S E-MAIL
SHORVITZ@CRBLAW.COM

ATTORNEYS AT LAW
1919 PENNSYLVANIA AVENUE, N.W., SUITE 200
WASHINGTON, D.C. 20006-3458
TELEPHONE (202) 659-9750
FAX (202) 452-0067
WWW.CRBLAW.COM

LOS ANGELES OFFICE
2381 ROSECRANS AVENUE, SUITE IIO
EL SEGUNDO, CALIFORNIA 90245-4290
TELEPHONE (310) 643-7999
FAX (310) 643-7997

FCC/MALLON

FEB 28 2002

February 28, 2002

VIA COURIER

Federal Communications Commission Cable Services Bureau P.O. Box 358205 Pittsburgh, PA 15251-5205

Attn: Gloria Conway, Cable Services Bureau

Re: AT&T Comcast Corporation

Application for Transfer of AT&T Corp.'s Interest in Insight Communications Midwest, LLC's CARS Licenses

Ladies and Gentlemen:

Enclosed please find FCC Form 327 requesting the transfer from AT&T Corp. to AT&T Comcast Corporation of AT&T Corp.'s interest in Insight Communications Midwest, LLC, licensee of the facilities on the attached list. Also enclosed is FCC Form 159 and a check for \$1,680.00 for the required filing fee.

If there are any questions regarding this application, please contact Westley Littlejohn or the undersigned.

Steven J. Horvitz

Enclosures

Federal Communications Commission February 28, 2002 Page 2

## Insight Communications Midwest, LLC (FRN #0003-74-8365)

Call Sign	Location	<b>Expiration Date</b>
KKK-46	Boonville, IN	8/1/2005
KYX-60	Louisiana, MO	8/1/2005
KYX-69	Hannibal, MO	8/1/2005
WAJ-459	Shoals, IN	8/1/2005
WCF-542	Oregon, IL	7/1/2002
WGF-97	Jasper, IN	4/1/2002
WHZ-840	Danville, IL	4/1/2004
WPN-34	Belvidere, IL	8/1/2005

### FEDERAL COMMUNICATIONS COMMISSION WASHINGTON, D.C. 20554

## APPLICATION FOR CABLE TELEVISION RELAY SERVICE STATION AUTHORIZATION SCHEDULE A

					Page 1	of 4
1.(a) Application for:	License		Renewal		Assignment of Lie	cense
(Check only one box)	Modification		Reinstaten	nent	X Transfer of Control	
			<del></del>		Amendment of Applicat	
(b) Does this application	refer to an existing stat	ion?	X YES	□ NO If	YES," give call sign Se	<del>``</del>
<del></del>	<del></del>		_=		ppropriate description(s	
as Exhibit A-1 a comp	lete explanation of the	modificatio	n or proposed o	construction.	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add Channel(s)	Change Transmit Site	e 🗌	Add Receive S	Site(s) [	Change Antenna Sy	/stem
Delete Channel(s)	Change Operating Po	ower 🗌	Delete Receiv	e Site(s) [	Change Height of Ar Structure	ntenna
Change Transmitter			Change Recei	ve Site(s) [	Change Height of Ar	ntenna
Other (Specify)						
2.(a) Indicate the name, mailing a	ddress, and telephone number	of the applicar	ıt.		· · · · · · · · · · · · · · · · · · ·	
LEGAL NAME OF APPLICANT AT&T Comcast Cor				· ·	····	7
CONTINUE NAME HERE IF NE	<del></del>	· · · · · · · · · · · · · · · · · · ·	· .			
ASSUMED NAME USED FOR I	DOING BUSINESS (If any)					-
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1500 Market Street		<del>,</del>	·			
CITY Philadelphia		STATE PA	ZIP CODE 19102	AREA CODE	TELEPHONE NO. 665-1700	
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	ervice Employer Identification ( lumber, use Social Security Nu		sed by the applican	t.	E.I. NO. (OR SOC. SEC. NO.) 27-0000798	
(c) Indicate the name, mailing a	ddress, and telephone number	of person to co	ontact, if other than	applicant.		
NAME OF CONTACT PERSON						$\neg$
Thomas R. Nathan,		<u> </u>	<del></del>	<del></del>		
CONTINUE NAME HERE IF NE	EDED					
FIRM OR COMPANY NAME						
MAILING STREET ADDRESS O	poration	·				
1500 Market Street	JR P.O. BOX					
CITY		STATE	ZIP CODE	AREA CODE	TELEPHONE NO.	7
Philadelphia		PA	19102	215	981-7535	
Attach as Exhibit A-2 the nar if any.	me, mailing address, and telep	hone number o	f each additional pe	erson who should be	contacted,	
(d) Indicate the address where the	he station's records will be ma	intained.				
STREET ADDRESS On File - No Change				· · · · · · · · · · · · · · · · · · ·		7.
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